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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/670,630
Filing Date	09/27/2000
First Named Inventor	Jer-Chen Kuo
Art Unit	2613
Examiner Name	Phan, Hanh
Attorney Docket Number	A0638.019

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

37771

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	McNichols Randick O'Dea & Tooliatos, LLP				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Tom Warner		
Date	5/15/06	Telephone	(925) 245-7600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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